

OMB Circular A-87 – Federal Timekeeping Requirements
(As excerpted from Attachment B, Item 8h)

Time/salaries spent working on various federal programs must be documented *for co-funded and 100% funded staff*.

Acceptable methods for ***co-funded staff*** include:

- Written schedules if they are documented by personnel activity reports (PARS)
- PARS must be prepared at least monthly, signed and dated by the employee, and account for the staff person's total activity
- Time sheets and other records should be completed after the fact.

Instructional staff may use their lesson plans to confirm that their written schedules were followed **IF**:

1. After the fact notes are made on those plans to indicate the completion of the activity;
2. The lesson plans account for the TOTAL time the employee is compensated;
3. The lessons are prepared at least monthly to coincide with one or more pay periods; and
4. The completed lesson plans are signed by the employee

NOTE: If the district elects to use this method, it must retain the lesson plans as timekeeping records.

Para professionals may use their regular time sheets as long as they;

- a. Reflect an after the fact distribution of their actual activity,
- b. account for the total activity for which they are compensated showing the hours or percentages for the programs worked on,
- c. are prepared at least monthly and coincide with one or more pay periods, and
- d. are signed by the employee.

OMB Circular A-87 requires when employees are expected to work *solely on a single federal award or cost objective*, charges for their salaries will be supported by periodic certifications that the employees worked solely on that program for the ***semi-annual period*** covered by the certification. These certifications must be:

- prepared at least semi-annually, and
- signed by the employee or a supervisor with first-hand knowledge of the work performed by the employee.

If the supervisor has first-hand knowledge of work performed by several employees each working on a single cost objective, the supervisor can use a ***blanket certification*** that lists all of the employees, the program that they worked on and the period covered. Additionally, one supervisor signature would be adequate.

Form Directions – Single Objective Employees

- The supervisor should sign on the line above his or her name (see letter A on sample form)
- The employee should sign on the line of the row with his or her name (see letter B on sample form)
- Upon completion of all signatures, please return the form to the Business Office, Attn: Business Manager
- Forms are due _____.
(date)

A

Supervisor

Date: _____

Federal Staff Certification

This is to certify that the following individuals have worked 100% of their time during the last six months under the cost objective identified below.

First Name	Last Name	Grant	Position	School	Signature
Shirley	Hoch	Title I	All-day K Teacher	East Leonard	<div>B</div> _____
Kathleen	Lowe	IDEA	Resource Teacher	East Leonard	_____
Nancy	Molt	Reading First	Literacy Coach	East Leonard	_____
Lois	Wierenga	Title I	All-day K Teacher	East Leonard	_____

A

Signature of Supervisor

B

Signature of Employee

SAMPLE

Form Directions – Multiple Objective Employees

- The employee must keep a log of work completed for a two week time period. Please log all time worked.
- The log should be detailed and include the following:
 - Schedule (time) of work completed
 - Description of what was accomplished during that segment of time (objective)
 - Procedures, when applicable
- Lesson plans may be attached in lie of filling out the log
- Upon completion of all time logs and signatures, please return the form to the Business Office, Attn: Business Manager
- Forms are due _____.
(date)

Federal Salary Certification
Partially Funded Employees

SAMPLE

Fiscal Year: 2006/07

Location: School A
(School Name)

Employee Name: Smith, John

Position: Instructional Parapro FTE: .40

Grant: Title I

Time Period Covered: 11/8/06 – 11/12/06

Monday	Tuesday	Wednesday	Thursday	Friday
<p>8:30 – 9:00 Playground supervision</p> <p>9:10 – 10:00 Room 101 Classroom support: Assist students in completing assignments, reinforce vocabulary, reread story selections for fluency</p> <p>10:10 – 11:00 Computer Lab Locate and align lessons to classroom instruction, Assist students individually</p> <p>11:05 – 11:45 Small group work to reinforce lessons taught during the morning</p> <p>11:45 – 12:30 Lunch Break</p> <p>12:30 – 1:30 Math Room 10 Provide small group support in assignment completion</p> <p>1:30 – 2:30 Math Room 14 Small group and individual support</p> <p>2:30 – 2:45 Break</p> <p>2:45 – 3:15 Study Hall Provide individual and small group support in assignment completion in the areas of reading and math</p>	<p>8:30 – 3:30 Assist in the office and media center</p>	<p>8:30 – 9:00 Playground supervision</p> <p>9:10 – 10:00 Room 101 Classroom support: Assist students in completing assignments, reinforce vocabulary, reread story selections for fluency</p> <p>10:10 – 11:00 Computer Lab Locate and align lessons to classroom instruction, Assist students individually</p> <p>11:05 – 11:45 Small group work to reinforce lessons taught during the morning</p> <p>11:45 – 12:30 Lunch Break</p> <p>12:30 – 1:30 Math Room 10 Provide small group support in assignment completion</p> <p>1:30 – 2:30 Math Room 14 Small group and individual support</p> <p>2:30 – 2:45 Break</p> <p>2:45 – 3:15 Study Hall Provide individual and small group support in assignment completion in the areas of reading and math</p>	<p>8:30 – 3:30 Assist in the office and media center</p>	<p>8:30 – 3:30 Assist in the office and media center</p>

Form Directions – Multiple Objective Employees
Personnel Activity Report

- Employees should sign in the appropriate box following the completion of the month
- Please retain the form with the supervisor's payroll records

Federal Salary Certification
Personnel Activity Report
2006/2007

SAMPLE

Location: School A
(Name of School)Employee Name: Smith, JohnGrant: Title II hereby certify that .20 FTE of my time was spent working as an ESL
Teacher.

Month	Signature
July	
August	
September	
October	
November	
December	
January	
February	
March	
April	
May	
June	

Jane Doe

Supervisor Name_____
Supervisor Signature

Semi Annual Time Certification Form



_____ School Time Certification Form

Date _____

This is to certify that the following individuals have worked 100% of their time during the last six months under cost objective _____, activity account number _____ (if known).

POSITION	Printed Name	SIGNATURE
- Teacher	_____	_____
- Teacher	_____	_____
- Teacher	_____	_____
- Teacher	_____	_____
- Teacher	_____	_____
- Instructional Assistant	_____	_____
- Tutor	_____	_____
- Guidance Counselor	_____	_____

I HAVE FULL KNOWLEDGE OF 100% OF THESE ACTIVITIES:

- PRINCIPAL	_____	_____
-------------	-------	-------

SAMPLE

Attachment V

FEDERALLY FUNDED TIME AND EFFORT REPORT

NAME OF EMPLOYEE		EMPLOYEE ID #	BEGINNING DATE: 01/01/06				FISCAL YEAR 2006/07	
			ENDING DATE: 01/28/06					
			ACTUAL EFFORT: PERCENTAGE OF HOURS WORKED				TOTAL HOURS	PERCENT OF EACH ACTIVITY
ACTIVITY/PROGRAM INDEX	GRANT APPN	ANTICIPATED EFFORT HOURS PERCENT	WEEK 1 PERCENT	WEEK 2 PERCENT	WEEK 3 PERCENT	WEEK 4 PERCENT		
GENERAL FUND/GENERAL PURPOSE 02302 065010 05101 18.0 45.0								
EVEN START – FAMILY LITERACY – A 02326 060380 05101 10.0 25.0								
INFANT AND TODDLER ADMINISTRATION 02345 051310 05101 12.0 30.0								
TOTAL			100%	100%	100%	100%		

HOURS	WEEK 1 HOURS	WEEK 2 HOURS	WEEK 3 HOURS	WEEK 4 HOURS	
Worked Hours					
Holiday Leave Hours					
Non-Holiday Leave Hours					
TOTAL	40.0	40.0	40.0	40.0	160.0

I hereby certify that the information contained in this Time and Effort Report accurately reflects 100% of my actual time and effort distribution for the pay periods reported.

Employee Signature _____

Date _____

Supervisor Signature _____

Date _____